



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8981
MADISON WI 53708-8981

Form **WT-7**

Business Name		
Legal Name		
Mailing Address - Street or PO Box		
City	State	Zip Code

Wisconsin Withholding Tax Account Number

- ☐ Check here if this is an **AMENDED** return
- ☐ Check if name and/or address change (note changes on back of form)
- ☐ Check if business discontinued. (enter discontinuation date below)

(MM DD YYYY)

Federal Employer Identification Number

EMPLOYERS ANNUAL RECONCILIATION of Wisconsin Income Tax Withheld From Wages



DUE DATE: January 31,

Please complete this form if you have an active account even if you did not have employees this year.

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → 0147 USE BLACK INK ONLY

1. Enter the number of withholding statements (Forms W-2, 1099-R, W-2G, etc.) prepared for the calendar year indicated above **1** _____
 2. Total Wisconsin tax withheld shown on W-2s, 1099-Rs, W-2Gs, etc. **2** _____
 3. Total Wisconsin advance earned income credit **3** _____
 4. Line 2 minus line 3 **4** _____
 5. Wisconsin tax withheld according to payroll records less all Wisconsin advance earned income credit paid to employees during each quarter:
 - a. Quarter ended March 31 (Months of Jan, Feb, Mar) 1st Qtr **5a** _____
 - b. Quarter ended June 30 (Months of Apr, May, June) 2nd Qtr **5b** _____
 - c. Quarter ended September 30 (Months of Jul, Aug, Sep) 3rd Qtr **5c** _____
 - d. Quarter ended December 31 (Months of Oct, Nov, Dec) 4th Qtr **5d** _____
 - e. Total (Add lines 5a, 5b, 5c, and 5d) TOTAL **5e** _____
 6. Enter the amount from line 4 or 5e, whichever is larger **6** _____
 7. Total withholding reported on Withholding Tax Deposit Reports (Forms WT-6 or EFT) **7** _____
 8. If line 6 is more than line 7, enter the difference on line 8. This is the TAX AMOUNT DUE **8** _____
 9. If line 7 is more than line 6, enter the difference as the amount OVERPAID **9** _____
- If you are an annual filer, payment should accompany this form.
 - Be sure to include copies of all withholding statements with your WT-7.

These forms are: ☐ attached and/or ☐ submitted electronically

LOC

FOR DEPT USE ONLY

Mail your return to: Wisconsin Department of Revenue
If refund or tax due PO Box 8981, Madison WI 53708-8981
If no tax due PO Box 8920, Madison WI 53708-8920

Phone: (608) 266-2776
E-mail: sales10@revenue.wi.gov
Website: www.revenue.wi.gov

I hereby declare that this Reconciliation is true and complete to the best of my knowledge and belief.

Contact Person (please print clearly)	Signature	Phone Number	Date
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Please indicate reason for discontinuation:

- | | | |
|----------------------------------------------------------|-------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Merger with _____ | <input type="checkbox"/> Partner added |
| <input type="checkbox"/> Formed LLC | <input type="checkbox"/> Business did not materialize | <input type="checkbox"/> Partner dropped |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> No taxable activity | <input type="checkbox"/> Sold to _____ |
| <input type="checkbox"/> Other (<i>please explain</i>) | | |

☐ **Name Change**

New Legal Name
New Business Name

☐ **Mailing Address Change**

Street Address or PO Box		
City	State	Zip code